



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Choteau H S	Teton	0884

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Brad & Jonel Hodgskiss

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 13.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 8.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District	Chair, Board of Trustees	Date
High School District Choteau H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Dawn Johnson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 18

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5

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Student Name School Grade

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HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Duke Dellwo

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 19

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 19

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HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Merle D. Morris

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 15

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 13

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Spec. Ed. Contin.				

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HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Pam Moultray

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 6

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 3.5

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	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
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Student Name School Grade

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HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Rob Reiding

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 8.4

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5.3

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	Pre-K Total	K Total	1-8 Total	9-12 Total
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Parent or Guardian Name: (Please Print)

Roslyn Shepherd

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 29

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 7

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Choteau Elem	Teton	0883
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Ernie & Kim Barker

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **25** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Choteau Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





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Contract #

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Choteau Elem	Teton	0883
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

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(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Hank & Laura Bouma

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **22** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **2.5** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Choteau Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Contract #

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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Jerry & Celeste Stott

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 13 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 2.5 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District Choteau Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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☐ yes ☐ no

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(If yes, please attach explanation)

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

kirk & Mona Moore

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 13 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 1.5 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Choteau Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Margaret Hanson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **5.5** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District Choteau Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Mary Salmond

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **25** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **6.9** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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Elementary School District Choteau Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

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Address, City, Zip Code	Phone Number



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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Pandora Deshner

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 12 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary .5 HS 0

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Choteau Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Choteau Elem	Teton	0883
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Patricia Bouma

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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Elementary School District Choteau Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Choteau Elem	Teton	0883
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Rob Burdick

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **18** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **9** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District Choteau Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Choteau Elem	Teton	0883
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Ross Depner

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 14 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 4 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District Choteau Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Choteau Elem	Teton	0883
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Choteau H S	Teton	0884

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Joe Dellwo

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 13

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 13

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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Elementary School District Choteau Elem	Chair, Board of Trustees	Date
High School District Choteau H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Choteau Elem	Teton	0883
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Choteau H S	Teton	0884

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Marilee Stott

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 15.2

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 3.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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Elementary School District Choteau Elem	Chair, Board of Trustees	Date
High School District Choteau H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
<b>Bynum Elem</b>	<b>Teton</b>	<b>0889</b>
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

**Casey & Dana Russell**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**REIMBURSEMENT RATE**  
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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District Bynum Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
<b>Bynum Elem</b>	<b>Teton</b>	<b>0889</b>
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

**Joe L. Dellwo**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **13** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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Elementary School District Bynum Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Dutton K-12 Schools	Teton	0893

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Charles Logan

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 6

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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Elementary School District	Chair, Board of Trustees	Date
High School District Dutton K-12 Schools	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Dutton K-12 Schools	Teton	0893

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

John Blanchet

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 8

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Dutton K-12 Schools	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Dutton K-12 Schools	Teton	0893

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Marilyn K. Hagen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 12

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Dutton K-12 Schools	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Office of Public Instruction  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Dutton K-12 Schools	Teton	0893

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Michael Hall

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 10

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Dutton K-12 Schools	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Dutton K-12 Schools	Teton	0893

Is this contract shared between elementary and high school?

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Sheila Pilgeram

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Dutton K-12 Schools	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number





Linda McCulloch, Superintendent  
Office of Public Instruction  
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Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Dutton K-12 Schools	Teton	0893

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Tasha Johnson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 12

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Dutton K-12 Schools	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005  
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Pendroy Elem	Teton	0898
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Patrick Field

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 6 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Pendroy Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number